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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ■ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| t 1: | Identify Yourself | | | |
|------------------------------|---|--|---|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
| You | r full name | | | |
| | | Gwendolyn | | |
| pictu | re identification (for | First name | First name | |
| | | E | | |
| license or passport). | Middle name | Middle name | | |
| Bring | g your picture | Smith | | |
| | | Last name and Suffix (Sr., Jr., II, III) | Last name and Suffix (Sr., Jr., II, III) | |
| | | | | |
| | | | | |
| your num Indiv Iden | Social Security ber or federal vidual Taxpayer tification number | xxx-xx-1358 | | |
| | Write your picture examilicent Bring identimee Inclumate Only your num Individent | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Gwendolyn First name E Middle name Smith Last name and Suffix (Sr., Jr., II, III) xxx-xx-1358 | About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Smith Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 2 (Spouse Only in a Joint Case): First name First name Middle name Smith Last name and Suffix (Sr., Jr., II, III) Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. |

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Case number (if known)

Debtor 1 Gwendolyn E Smith

About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Any business names and **Employer Identification** Numbers (EIN) you have I have not used any business name or EINs. ☐ I have not used any business name or EINs. used in the last 8 years Business name(s) Include trade names and Business name(s) doing business as names EINs EINs Where you live If Debtor 2 lives at a different address: 833 W. 50th St. Chicago, IL 60609 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Cook County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, I Over the last 180 days before filing this petition, have lived in this district longer than in any other I have lived in this district longer than in any district. other district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.)

Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Gwendolyn E Smith

Case number (if known)

| 7. | The chapter of the Bankruptcy Code you are | | | | | | |
|-----|---|---|----------------|-----------------------------------|---------------------------------------|---|------|
| | choosing to file under | | | | | | |
| | | _ | hapter 7 | | | | |
| | | | hapter 11 | | | | |
| | | | hapter 12 | | | | |
| | | ЦС | hapter 13 | | | | |
| 8. | How you will pay the fee | | about how yo | u may pay. Typ attorney is sub | pically, if you are paying the fee yo | k with the clerk's office in your local court for more det urself, you may pay with cash, cashier's check, or mo alf, your attorney may pay with a credit card or check | ney |
| | | on, sign and attach the Application for Individuals to Po | эу | | | | |
| | | | but is not req | uired to, waive | your fee, and may do so only if yo | n only if you are filing for Chapter 7. By law, a judge m ur income is less than 150% of the official poverty line | that |
| | | | | | | installments). If you choose this option, you must fill it with your petition. | out |
| | | | | | | | |
| 9. | Have you filed for bankruptcy within the | ■ No |). | | | | |
| | last 8 years? | □ Ye | es. | | | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | - | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to I | ne 12. | | | |
| | residence : | □Y€ | es. Has yo | ur landlord obta | ained an eviction judgment agains | t you and do you want to stay in your residence? | |
| | | | | No. Go to line | 12. | | |
| | | | | | | Judgment Against You (Form 101A) and file it with this | _ |

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| Debtor 1 | Gwendolyn E Smith | Document | Page 4 of 58 | Case number (if known) | |
|----------|-------------------|----------|--------------|------------------------|--|
| | | | | | |

| Part | Report About Any Bu | sinesses | You Own | as a Sole Proprieto | or |
|--|---|----------|-----------------|------------------------------------|---|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | |
| | | ☐ Yes. | Name | and location of busi | ness |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, State | e & ZIP Code |
| | separate sheet and attach it to this petition. | | Checi | k the appropriate box | to describe your business: |
| | | | | Health Care Busine | ess (as defined in 11 U.S.C. § 101(27A)) |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) |
| | | | | Stockbroker (as de | fined in 11 U.S.C. § 101(53A)) |
| ☐ Commodity Broker (as defined in 11 U.S | | | | (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | |
| 13. Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can see deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance shee operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow in 11 U.S.C. 1116(1)(B). | | | | | small business debtor, you must attach your most recent balance sheet, statement of deral income tax return or if any of these documents do not exist, follow the procedure |
| | For a definition of small | ■ No. | I am r | ot filing under Chapt | er 11. |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am f Code. | | 1, but I am NOT a small business debtor according to the definition in the Bankruptcy |
| | | ☐ Yes. | I am f | iling under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. |
| Pari | : 4: Report if You Own or | Have Any | Hazardo | ous Property or Any | Property That Needs Immediate Attention |
| 14. | Do you own or have any | ■ No. | | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. | What is | the hazard? | |
| | identifiable hazard to public health or safety? Or do you own any property that needs | | If immed | liate attention is | |
| | immediate attention? | | needed, | why is it needed? | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | Number, Street, City, State & Zip Code |
| | | | | | , , , |

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Debtor 1 Gwendolyn E Smith

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credi | t |
|---|---|
| counseling because of: | |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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| Den | Gwendolyn E Silli | (11 | | | Dei (II kriowri) | | | |
|------|---|------------------------|---|--|--|--|--|--|
| Part | 6: Answer These Quest | ions for Re | porting Purposes | | | | | |
| 16. | What kind of debts do you have? | 16a. | | onsumer debts? Consumer debts are de onal, family, or household purpose." | efined in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | | usiness debts? Business debts are debts street or through the operation of the business. | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you o | we that are not consumer debts or busin | ess debts | | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter | 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | | Do you estimate that after any exempt pro ailable to distribute to unsecured creditor | operty is excluded and administrative expenses s? | | | |
| | administrative expenses | | No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | ☐ 50-99 | | □ 5001-10,000 | □ 50,001-100,000 | | | |
| | owe: | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you estimate your assets to | S \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | be worth? | | 1 - \$100,000 | ☐ \$10,000,001 - \$50 million ☐ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion | | | |
| | | | 01 - \$500,000 01 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 101 - \$1 million | ☐ \$50,000,001 - \$100 million ☐ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | | |
| Part | :7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I dec | clare under penalty of perjury that the info | ormation provided is true and correct. | | | |
| | | | | , I am aware that I may proceed, if eligible elief available under each chapter, and I | e, under Chapter 7, 11,12, or 13 of title 11, choose to proceed under Chapter 7. | | | |
| | | | f no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this locument, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | |
| | | I request | relief in accordance with the c | chapter of title 11, United States Code, sp | pecified in this petition. | | | |
| | | bankrupto and 3571. | y case can result in fines up t | | or property by fraud in connection with a pears, or both. 18 U.S.C. §§ 152, 1341, 1519 | | | |
| | | | ndolyn E Smith llyn E Smith | Signature of Deb | tor 2 | | | |
| | | | of Debtor 1 | Oignature of Deb | | | | |
| | | Executed | on September 29, 2017 | Executed on | | | | |
| | | | MM / DD / YYYY | | M / DD / YYYY | | | |

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Debtor 1 Gwendolyn E Smith

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ David Gallagher | Deleter | Date | September 29, 2017 |
|-----------------------------------|-------------------|---------------|---------------------------|
| Signature of Attorney for | Deptor | | MM / DD / YYYY |
| David Gallagher | | | |
| Printed name | | | |
| Upright Law LLC | | | |
| Firm name | | | |
| 79 West Monroe | | | |
| Fifith Floor | | | |
| Chicago, IL 60603 | | | |
| Number, Street, City, State & ZIF | ^o Code | | |
| Contact phone 312-546- | 4264 | Email address | dgallagher@uprightlaw.com |
| 6295024 | | | |
| Bar number & State | | | |

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| | | Docum | ill Lauc o ol Jo | |
|---|-------------------------|-------------------|------------------|--|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Gwendolyn E Sm | ith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number _ | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | | Your a | ssets of what you own |
|-----|--|--------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 42,445.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 42,445.00 |
| Paı | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 41,475.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 13,729.00 |
| | Your total liabilities | \$ | 55,204.00 |
| Pai | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 1,538.25 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,531.00 |
| Paı | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| 7. | ■ Yes What kind of debt do you have? | | |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

the court with your other schedules.

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From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,523.09 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

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Document Page 10 of 58 Fill in this information to identify your case and this filing: Debtor 1 **Gwendolyn E Smith** Middle Name Last Name First Name Debtor 2 First Name Middle Name (Spouse, if filing) Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number Check if this is an amended filing Official Form 106A/B Schedule A/B: Property 12/15 In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question. Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In 1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property? No. Go to Part 2. ☐ Yes. Where is the property? Part 2: Describe Your Vehicles Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles ☐ No Yes Do not deduct secured claims or exemptions. Put Chrysler 3 1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: 200 Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2015 Debtor 2 only Current value of the Current value of the 80.000 entire property? Approximate mileage: portion you own? Debtor 1 and Debtor 2 only Other information: ☐ At least one of the debtors and another Value According to KBB \$16,500.00 \$16,500.00 ☐ Check if this is community property (see instructions) Daughter's Car Do not deduct secured claims or exemptions. Put **Buick** 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: **Encore** Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2014 Year: Debtor 2 only Current value of the Current value of the 60.000 Approximate mileage: portion you own? entire property? Debtor 1 and Debtor 2 only Other information: At least one of the debtors and another Value According to KBB \$18,500.00 \$18,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

No

☐ Yes

Case 17-29205 Doc 1 Filed 09/29/17 Entered 09/29/17 12:03:40 Desc Main Document Page 11 of 58 Case number (if known) Debtor 1 **Gwendolyn E Smith** 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$35,000.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,825.00 Houeshold Goods and Furnishings 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No Yes. Describe..... **Used Electronics** \$350.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles ■ No ☐ Yes. Describe..... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe..... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No ☐ Yes. Describe..... 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver ☐ No Yes. Describe..... \$100.00 Costume Jewelry

13. Non-farm animals

Examples: Dogs, cats, birds, horses

No

☐ Yes. Describe.....

14. Any other personal and household items you did not already list, including any health aids you did not list

■ No

☐ Yes. Give specific information.....

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Case number (if known) Debtor 1 **Gwendolyn E Smith** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,275.00 for Part 3. Write that number here Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition ☐ No ■ Yes..... Cash on hand at time of \$10.00 filing 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: Yes..... Self-Help Federal Credit Union \$155.00 Checking 17 1 Self-Help Federal Credit Union \$5.00 17.2. **Savings** 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans □ No Yes. List each account separately. Institution name: Type of account:

Mutual of Omaha

State Farm

Schedule A/B: Property

Official Form 106A/B

401(k)

IRA

\$1,000.00

\$4,000.00

page 3

Case 17-29205 Doc 1 Filed 09/29/17 Entered 09/29/17 12:03:40 Desc Main Document Page 13 of 58 Case number (if known) Debtor 1 **Gwendolyn E Smith** 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ■ No ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ☐ Yes. Give specific information about them... Current value of the Money or property owed to you? portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ■ No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

No

☐ Yes. Give specific information..

31. Interests in insurance policies

Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

□ No

Yes. Name the insurance company of each policy and list its value.

Company name:

Beneficiary:

Surrender or refund value:

Term Life with Employer

\$0.00

32. Any interest in property that is due you from someone who has died

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

■ No

| | Case 17-29205 | Doc 1 Filed 09/29/17 Document | Entered 09 Page 14 of | 9/29/17 12:03:40 58 | Desc Main |
|--------------|---|---|------------------------|-----------------------------|-------------------------|
| Debte | Gwendolyn E Smith | | | Case number (if known) | |
| | Yes. Give specific information | | | | |
| | aims against third parties, wheth xamples: Accidents, employment di No | | | and for payment | |
| | Yes. Describe each claim | | | | |
| | ther contingent and unliquidated No Yes. Describe each claim | claims of every nature, including | ng counterclaims o | of the debtor and rights to | set off claims |
| _ | • • • | ready list | | | |
| Ц | Yes. Give specific information | | | | |
| | Add the dollar value of all of your or Part 4. Write that number here | | | | \$5,170.00 |
| Part 5 | Describe Any Business-Related Pro | operty You Own or Have an Interest | In. List any real esta | te in Part 1. | |
| 37 Dc | you own or have any legal or equitab | ale interest in any husiness-related r | aronerty? | | |
| | lo. Go to Part 6. | ne interest in any business related p | noporty : | | |
| | es. Go to line 38. | | | | |
| | | | | | |
| Part 6 | Describe Any Farm- and Commerci If you own or have an interest in farm | ial Fishing-Related Property You Ow land, list it in Part 1. | n or Have an Interes | it In. | |
| 46. D | you own or have any legal or ed | uuitable interest in any farm- or | commercial fishin | g-related property? | |
| _ | No. Go to Part 7. | ,, | | 3 | |
| | Yes. Go to line 47. | | | | |
| | | | | | |
| Part 7 | Describe All Property You Ow | n or Have an Interest in That You Di | d Not List Above | | |
| E | you have other property of any xamples: Season tickets, country cl | | | | |
| | No. Civa appoific information | | | | |
| ч | Yes. Give specific information | | | | |
| 54. | Add the dollar value of all of your | entries from Part 7. Write that r | number here | | \$0.00 |
| Part 8 | List the Totals of Each Part of the | his Form | | | |
| 55. | Part 1: Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2: Total vehicles, line 5 | | \$35,000.00 | | |
| 57. | Part 3: Total personal and househ | nold items, line 15 | \$2,275.00 | | |
| 58. | Part 4: Total financial assets, line | 36 | \$5,170.00 | | |
| 59. | Part 5: Total business-related pro | perty, line 45 | \$0.00 | | |
| 60. | Part 6: Total farm- and fishing-rela | ated property, line 52 | \$0.00 | | |
| 61. | Part 7: Total other property not lis | sted, line 54 + | \$0.00 | | |
| 62. | Total personal property. Add lines | . 56 through 61 | \$42,445.00 | Copy personal property to | stal \$42,445.00 |
| 63. | Total of all property on Schedule | A/B . Add line 55 + line 62 | | | \$42,445.00 |

Official Form 106A/B Schedule A/B: Property page 5

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| | | Dodanic | 1 440 19 01 80 | |
|---------------------|--------------------------|-------------------|----------------|-----------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Gwendolyn E Sm | ith | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify | the / | Prop | perty | You | Claim | as | Exemp | ot |
|---------|----------|-------|------|-------|-----|-------|----|-------|----|
|---------|----------|-------|------|-------|-----|-------|----|-------|----|

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amount of the exemption you claim | | Specific laws that allow exemption |
|--|---|-----------------------------------|---|------------------------------------|
| | Copy the value from Check only one box for each exemption. Schedule A/B | | | |
| Houeshold Goods and Furnishings Line from Schedule A/B: 6.1 | \$1,825.00 | | \$1,825.00 | 735 ILCS 5/12-1001(b) |
| Zillo Holli Golfiddio 772. Gr. | | | 100% of fair market value, up to any applicable statutory limit | |
| Used Electronics Line from Schedule A/B: 7.1 | \$350.00 | | \$350.00 | 735 ILCS 5/12-1001(b) |
| Ellie Hoff Gertedale AVD. 111 | | | 100% of fair market value, up to any applicable statutory limit | |
| Costume Jewelry Line from Schedule A/B: 12.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| Ellie Holli Geriedale AVD. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash on hand at time of filing Line from Schedule A/B: 16.1 | \$10.00 | | \$10.00 | 735 ILCS 5/12-1001(b) |
| Ello Holli Golloddio AVD. 1411 | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: Self-Help Federal Credit | \$155.00 | | \$155.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 17.1 | | | 100% of fair market value, up to | |

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Case number (if known)

| - 0.0 | er - Owendoryn E Onnan | | | 0000 110111001 (11 111101111) | |
|-------|--|--------------------------------------|---------|---|-----------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Savings: Self-Help Federal Credit Union | \$5.00 | | \$5.00 | 735 ILCS 5/12-1001(b) |
| | Line from Schedule A/B: 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | 401(k): Mutual of Omaha Line from Schedule A/B: 21.1 | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1006 |
| | Ellie IIolii ochedale Adb. 2111 | | | 100% of fair market value, up to any applicable statutory limit | |
| | IRA: State Farm Line from Schedule A/B: 21.2 | \$4,000.00 | | 100% | 735 ILCS 5/12-1006 |
| | Line Horr Schedule AVD. 2112 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every No ∨es. Did you acquire the property cove No | 3 years after that for ca | ases fi | , | • |
| | ☐ Yes | | | | |

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| | | Document | Page 17 | ' of 58 | | |
|--|---|---|-----------------|---|--|-----------------------------------|
| Fill in this informa | ation to identify you | ır case: | | | | |
| Debtor 1 | Gwendolyn E S | mith | | | | |
| | First Name | Middle Name | Last Name | | • | |
| Debtor 2 | | | | | - | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ban | kruptcy Court for the | NORTHERN DISTRICT OF ILL | INOIS | | | |
| O | | | | | | |
| Case number | | | | | ☐ Check | if this is an |
| | | | | | _ | led filing |
| | | | | | . | |
| Official Form | <u>106D</u> | | | | | |
| Schedule [| D: Creditors | Who Have Claims S | Secured | by Propert | У | 12/15 |
| s needed, copy the number (if known). 1. Do any creditors h | Additional Page, fill it nave claims secured b | If two married people are filing togethe out, number the entries, and attach it to your property? his form to the court with your other | o this form. Or | n the top of any addition | nal pages, write your na | |
| _ | | · | scriedules. To | od flave flotfillig else t | o report on this form. | |
| ■ Yes. Fill in a | all of the information | below. | | | | |
| Part 1: List All | Secured Claims | | | 0-1 | Only war D | 0-1 |
| for each claim. If mo much as possible, lis | re than one creditor has t the claims in alphabeti | more than one secured claim, list the crea s a particular claim, list the other creditors ical order according to the creditor's name | in Part 2. As . | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 Ally Finance | cial | Describe the property that secures the | | \$21,026.00 | \$18,500.00 | \$2,526.00 |
| Creditor's Name | | 2014 Buick Encore 60.000 m Value According to KBB | iles | | | |
| | | As of the date you file, the claim is: (apply. Contingent Unliquidated Disputed | Check all that | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | An agreement you made (such as n | nortgage or sec | cured | | |
| Debtor 2 only | | car loan) | | | | |
| ☐ Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |
| ☐ At least one of the ☐ Check if this cla community deb | | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | | | | |
| Data dahi waa insuu | Opened 05/17 Last Active | Look 4 divite of account number | ner 2395 | | | |
| Date debt was incu | 0/22/17 | Last 4 digits of account numb | | | | |
| 2.2 Credit Acc | eptance | Describe the property that secures to | he claim: | \$20,449.00 | \$16,500.00 | \$3,949.00 |
| Creditor's Name | • | 2015 Chrysler 200 80,000 mil Value According to KBB | es | | | |
| Suite 3000 Southfield, | | Daughter's Car As of the date you file, the claim is: 0 apply. ☐ Contingent | heck all that | | | |
| Number, Street, (| City, State & Zip Code | ☐ Unliquidated☐ Disputed | | | | |
| Who owes the deb | t? Check one. | Nature of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | | ■ An agreement you made (such as n | nortgage or sec | cured | | |
| ☐ Debtor 2 only | | car loan) | | | | |
| Debtor 1 and Deb | otor 2 only | ☐ Statutory lien (such as tax lien, med | hanic's lien) | | | |
| At least one of the | e debtors and another | ☐ Judgment lien from a lawsuit | | | | |

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| Debtor 1 Gwe | endolyn E Smith | | Case number (if know) | |
|------------------------------|--|---|----------------------------------|--|
| First N | ame Middle N | lame Last Name | _ | |
| ☐ Check if this community of | claim relates to a lebt | Other (including a right to offset) | | |
| Date debt was in | Opened 08/17 Last Active curred 9/14/17 | Last 4 digits of account number | 6305 | |
| | st page of your form, add | Column A on this page. Write that number I the dollar value totals from all pages. | here: \$41,475.00 \$41,475.00 | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

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| | Ous | C 17 20200 D | Docum | ent Page 1 | 9 of 58 | DC30 Main |
|----------------------------------|---|---|--|--|---|--|
| Fill in t | this informa | ation to identify your o | | | | |
| Debtor | 1 | Gwendolyn E Smi | th | | | |
| Bobioi | | First Name | Middle Name | Last Name | | |
| Debtor | 2 | | | | | |
| (Spouse i | if, filing) | First Name | Middle Name | Last Name | | |
| United | States Bank | cruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case n | number | | | | | |
| (if known) |) | | - | | | ☐ Check if this is an |
| | | | | | | amended filing |
| Offici | al Earm | 106E/E | | | | |
| | al Form | | ha Hayra Haasa | ured Cleime | | 40/45 |
| | | | ho Have Unsec | | | 12/15 ORITY claims. List the other party to |
| Schedul left. Atta name an | e D: Creditor ich the Contii id case numb | s Who Have Claims Secunuation Page to this page oer (if known). | red by Property. If more e. If you have no informat | space is needed, copy | | red claims that are listed in ber the entries in the boxes on the f any additional pages, write your |
| Part 1: | | of Your PRIORITY Uns | | | | |
| _ | • | s have priority unsecured | ciaims against you? | | | |
| | No. Go to Par | t 2. | | | | |
| L⊔ Part 2: | Yes. | of Your NONPRIORIT | | | | |
| 4. List uns than | Yes. t all of your neceured claim, n one creditor | nonpriority unsecured cla | for each claim. For each c | rder of the creditor who | o holds each claim. If a creditor hat type of claim it is. Do not list claims in three nonpriority unsecured claims | already included in Part 1. If more |
| Par | t 2. | | | | | Total claim |
| | | | | | | |
| 4.1 | Capital O | Ine Creditor's Name | Last 4 dig | its of account number | 2393 | \$1,088.00 |
| | Attn: Bar | | | | Opened 02/03 Last Acti | ve |
| | Po Box 3 | 0253 | When was | the debt incurred? | 9/18/17 | |
| | | City, UT 84130 | | | | |
| | | eet City State Zlp Code | As of the | date you file, the claim | is: Check all that apply | |
| | _ | ed the debt? Check one. | _ | | | |
| | Debtor 1 | • | ☐ Conting | | | |
| | Debtor 2 | - | ☐ Unliqui | | | |
| | Debtor 1 | and Debtor 2 only | ☐ Dispute | | | |
| | ☐ At least of | one of the debtors and ano | | ONPRIORITY unsecure | d claim: | |
| | | this claim is for a comm | <u> </u> | | | |
| | debt | subject to offset? | | ions arising out of a sepa riority claims | aration agreement or divorce that yo | ou did not |
| | ■ No | | | , | ng plans, and other similar debts | |
| | ☐ Yes | | | | | |
| | | | Other. | Specify Credit Card | 4 | |

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Page 20 of 58 Document Debtor 1 Gwendolyn E Smith Case number (if know) 4.2 Capital One Last 4 digits of account number 0396 \$0.00 Nonpriority Creditor's Name Attn: General Opened 2/20/03 Last Active Correspondence/Bankruptcy When was the debt incurred? 5/07/10 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.3 Capital One / Carson Last 4 digits of account number 2581 \$0.00 Nonpriority Creditor's Name Attn: General Opened 10/19/06 Last Active Correspondence/Bankruptcy When was the debt incurred? 6/29/12 Po Box 30285 Salt Lake City, UT 84130 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Charge Account** Other. Specify 4.4 **Chase Card** Last 4 digits of account number 9630 \$445.00 Nonpriority Creditor's Name Opened 06/15 Last Active Attn: Correspondence Dept Po Box 15298 When was the debt incurred? 7/27/17 Wilmington, DE 19850 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

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Document Page 21 of 58 Debtor 1 Gwendolyn E Smith Case number (if know) 4.5 Comenity Bank/Arizona Mail Order Last 4 digits of account number 5296 \$0.00 Nonpriority Creditor's Name Opened 11/12 Last Active Po Box 182125 When was the debt incurred? 10/15/15 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.6 **Comenity Bank/Ashley Stewart** \$0.00 Last 4 digits of account number 1610 Nonpriority Creditor's Name Opened 06/14 Last Active Attn: Bankruptcy Po Box 182125 When was the debt incurred? 3/01/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.7 Comenity Bank/Avenue Last 4 digits of account number 1583 \$0.00 Nonpriority Creditor's Name Opened 02/14 Last Active Po Box 182125 When was the debt incurred? 5/30/14 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify Charge Account

Debts to pension or profit-sharing plans, and other similar debts

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Document Page 22 of 58 Debtor 1 Gwendolyn E Smith Case number (if know) 4.8 Comenity Bank/Carsons Last 4 digits of account number 4861 \$3,400.00 Nonpriority Creditor's Name Opened 10/06 Last Active Po Box 182125 When was the debt incurred? 7/29/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Charge Account 4.9 **Comenity Bank/cathrins** \$0.00 Last 4 digits of account number 9387 Nonpriority Creditor's Name Opened 04/15 Last Active 4590 E Broad St When was the debt incurred? 6/01/15 Columbus, OH 43213 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenity Bank/Lane Bryant 2988 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 02/14 Last Active Po Box 182125 When was the debt incurred? 3/01/17 Columbus, OH 43218 As of the date you file, the claim is: Check all that apply Number Street City State ZIp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

debt

■ No

☐ Yes

☐ Student loans

report as priority claims

■ Other. Specify Charge Account

☐ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

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Document Page 23 of 58 Debtor 1 Gwendolyn E Smith Case number (if know) 4.1 \$304.00 Comenity Bank/OneStopPlus.com 0158 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/11 Last Active Po Box 182125 When was the debt incurred? 7/29/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenity Bank/Roamans 6994 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/13 Last Active Po Box 182125 When was the debt incurred? 4/17/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 Comenity Bank/womnwt 5131 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 12/13 Last Active Po Box 182789 When was the debt incurred? 3/03/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

■ Other. Specify Charge Account

report as priority claims

Debts to pension or profit-sharing plans, and other similar debts

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Debtor 1 Gwendolyn E Smith Case number (if know) 4.1 \$152.00 Comenity Bank/womnwthn 0772 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 01/17 Last Active 4590 E Broad St When was the debt incurred? 8/03/17 Columbus, OH 43213 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenitycapital/overst 0780 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **Comenity Bank** Opened 01/15 Last Active Po Box 182125 When was the debt incurred? 3/01/17 Columbus, OH 43218 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.1 **Credit First National Assoc** 3805 \$958.00 Last 4 digits of account number 6 Nonpriority Creditor's Name **Attn: BK Credit Operations** Opened 05/10 Last Active Po Box 81315 When was the debt incurred? 8/21/17 Cleveland, OH 44181 As of the date you file, the claim is: Check all that apply Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

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Debtor 1 Gwendolyn E Smith Case number (if know) 4.1 \$0.00 **Fingerhut** 1356 Last 4 digits of account number Nonpriority Creditor's Name Opened 9/29/05 Last Active 6250 Ridgewood Rd When was the debt incurred? 2/15/08 St Cloud, MN 56303 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 **PNC Bank Credit Card** 3184 \$1.013.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Po Box 5570 Opened 06/17 Last Active Mailstop BR- YB58-01-5 When was the debt incurred? 8/18/17 Cleveland, OH 44101 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Credit Card ☐ Yes 4.1 \$729.00 Syncb/hhgreg 9461 Last 4 digits of account number 9 Nonpriority Creditor's Name Attn: Bankruptcy Opened 12/15 Last Active Po Box 965060 When was the debt incurred? 8/13/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes

Official Form 106 E/F

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Case number (if know)

| Debto | Gwendolyn E Smith | | Case number (if know) | | | | | |
|-------|--|--|---|------------|--|--|--|--|
| 4.2 | Synchrony Bank/ JC Penneys | Last 4 digits of account number | 2894 | \$0.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 965060 Orlando, FL 32896 Number Street City State Zlp Code | When was the debt incurred? As of the date you file, the claim | Opened 12/15 Last Active 3/04/16 | | | | | |
| | Who incurred the debt? Check one. | _ | | | | | | |
| | Debtor 1 only | Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Charge Acc | | | | | | |
| 4.2 | Synchrony Bank/ JC Penneys | Last 4 digits of account number | 5358 | \$0.00 | | | | |
| | Nonpriority Creditor's Name Po Box 965007 Orlando, FL 32896 | When was the debt incurred? | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | As of the date you file, the claim is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | | |
| 4.2 | Synchrony Bank/Care Credit Nonpriority Creditor's Name | Last 4 digits of account number | 5672 | \$2,626.00 | | | | |
| | Attn: Bankruptcy Po Box 965060 | When was the debt incurred? | Opened 11/14 Last Active 8/16/17 | | | | | |
| | Orlando, FL 32896 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | | | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | | | | |
| | ∏ Yes | Other Specify Charge Acc | count | | | | | |

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Document Page 27 of 58 Debtor 1 Gwendolyn E Smith Case number (if know) 4.2 \$2,029.00 Synchrony Bank/PayPal Cr 7710 Last 4 digits of account number 3 Nonpriority Creditor's Name Attn: Bankruptcy Opened 11/11 Last Active Po Box 965060 When was the debt incurred? 7/26/17 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Synchrony Bank/TJX 9746 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 9/16/12 Last Active Attn: Bankruptcy Po Box 965060 When was the debt incurred? 2/13/13 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Charge Account ☐ Yes 4.2 Target 6832 \$328.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 08/14 Last Active C/O Financial & Retail Srvs Mailstopn BT POB 9475 When was the debt incurred? 9/10/17 Minneapolis, MN 55440 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

debt

■ No

☐ Yes

■ Other. Specify Credit Card

report as priority claims

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

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| Gwendolyn E Smith | | Case number (if know) | |
|--|--|---|-------------|
| Visa Dept Store National | | | |
| Bank/Macy's | Last 4 digits of account number | 6310 | \$657.0 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 8053 | When was the debt incurred? | Opened 12/06 Last Active 9/01/17 | |
| Mason, OH 45040 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Who incurred the debt? Check one. | 760 of the date you me, the stanning | o. Oncok all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Webbank/Gettington | Last 4 digits of account number | 7371 | \$0.0 |
| Nonpriority Creditor's Name | | | · |
| 215 S State St Ste 1000 | When was the debt incurred? | Opened 5/05/10 Last Active 1/30/15 | |
| Salt Lake City, UT 84111 Jumber Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| Vho incurred the debt? Check one. | | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| Check if this claim is for a community | ☐ Student loans | | |
| lebt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Charge Acc | count | |
| Wells Fargo Dealer Services | Last 4 digits of account number | 1302 | \$0.0 |
| Nonpriority Creditor's Name | | | |
| Attn: Bankruptcy Po Box 19657 Irvine, CA 92623 | When was the debt incurred? | Opened 02/07 Last Active 3/01/13 | |
| Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| ☐ Check if this claim is for a community | Student loans | | |
| debt s the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| No | ☐ Debts to pension or profit-sharing | g plans, and other similar debts | |
| □ ves | Other Specific Automobile | 3 | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Gwendolyn E Smith

Case number (if know)

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Total Claim |
|--------------|-----|---|-----|-----------------|
| | 6a. | Domestic support obligations | 6a. | \$ 0.00 |
| Total claims | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ 0.00 |
| | | | | Total Claim |
| Tatal | 6f. | Student loans | 6f. | \$ 0.00 |
| Total claims | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 13,729.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 13,729.00 |

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Fill in this information to identify your case: Debtor 1 **Gwendolyn E Smith** Middle Name Last Name First Name Debtor 2 Middle Name (Spouse if, filing) First Name Last Name United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company wit Name, Numb | h whom you have the o | contract or lease | State what the contract or lease is for |
|-----|-----------|---------------------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | - |
| | City | | State | ZIP Code | _ |
| 2.2 | City | | State | ZIP Code | |
| 2.2 | NI | | | | _ |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | <u> </u> |
| | | | | | |
| | City | | State | ZIP Code | _ |
| 2.4 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | Number | Street | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| 2.5 | Oity | | Ciaio | Zii Godo | |
| 2.0 | Name | | | | _ |
| | 1401110 | | | | |
| | Ni mala a | O4====4 | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | _ |
| | Jily | | Ciaio | | |

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| | | Documei | nt Page 31 of 5 | <u>58 </u> | |
|-----------------------------|---|--|---|---|----------------|
| Fill in thi | s information to identify your | case: | | | |
| Debtor 1 | Gwendolyn E Sm | ith | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | iling) First Name | Middle Name | Last Name | | |
| (Spouse if, fi | ling) First Name | Middle Name | Last Name | | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case nun | nher | | | | |
| (if known) | | | | ☐ Check if this amended fili | |
| Officia | al Form 106H | | | | |
| Sche | dule H: Your Cod | ebtors | | | 12/15 |
| 1. Do □ No ■ Ye 2. Wi Arizo | e and case number (if known) you have any codebtors? (If you es thin the last 8 years, have you na, California, Idaho, Louisiana, | . Answer every question. you are filing a joint case, d I lived in a community pro | o not list either spouse as | (Community property states and territories in | - |
| | o. Go to line 3. es. Did your spouse, former spot | una ar lagal aguir alagt liva | with you at the time? | | |
| 3. In Co in lin Form | olumn 1, list all of your codebt e 2 again as a codebtor only i | ors. Do not include your s | spouse as a codebtor if y or or cosigner. Make sur | your spouse is filing with you. List the pere you have listed the creditor on Schedules). Use Schedule D, Schedule E/F, or Sche | le D (Official |
| | Column 1: Your codebtor | | | Column 2: The creditor to whom you ow | e the debt |
| | Name, Number, Street, City, State and Zi | P Code | | Check all schedules that apply: | |
| 3.1 | Brande Smith 833 W. 50th St. Chicago, IL 60609 Daughter's car Co-signed | | | ■ Schedule D, line □ Schedule E/F, line □ Schedule G Credit Acceptance | |

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| E-11 | to the to the constitution to the | | | | | | ı | | | | | |
|----------------------------|---|--|--|---|---------------------|----------------|--|------------------------|-------------------------------|------------------------------|-----------------|--|
| | in this information to identify the boton 1 | entily your ca wendolyn | | | | | | | | | | |
| _ | btor 2 buse, if filing) | , | | | | _ | | | | | | |
| | | Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | | |
| (If kr | se number nown) | | | | | | eck if this is: An amended filing A supplement showing postpetition cha 13 income as of the following date: | | | | | |
| | fficial Form 10 | | | | | | Ī | /IM / DD/ \ | YYYY | | | |
| Be a sup spo atta | plying correct informa use. If you are separat | rate as poss ition. If you ted and you this form. (| Sille sible. If two married peo are married and not filir r spouse is not filing wi On the top of any addition | ng jointly, and your th you, do not incl | spouse ude infor | is liv mati | ing with on abou | you, incl t your sp | ude inforn ouse. If mo | nation about ore space is | your needed, | |
| 1. | Fill in your employm information. | ill in your employment | | | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than attach a separate pag information about add | je with | ■ Employed□ Not employed | | | | ☐ Employed ☐ Not employed | | | | | |
| | employers. Include part-time, sea | sonal, or | Occupation | Teller | | | | | | | | |
| | self-employed work. Occupation may inclu or homemaker, if it ap | | Employer's name Employer's address | Self Help Federal Credit Un 301 West Main Street Durham, NC 27701 | | | <u>nion</u> | | | | | |
| | | | How long employed th | here? 17 yea | rs | | | | | | | |
| Esti spou | use unless you are sepa | as of the da arated. use have mo | ate you file this form. If you | , | · | | | that perso | on on the lin | nes below. If | J | |
| 2. | | | ry, and commissions (be calculate what the monthle | | 2. | \$ | 2 | ,147.71 | non-fili | ng spouse N/A | | |
| 3. | Estimate and list mo | onthly overti | me pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Inco | ome. Add lin | ne 2 + line 3. | | 4. | \$ | 2,1 | 47.71 | \$ | N/A | | |

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| Debtor 1 | | Gwendolyn E Smith | | | | number (if known) | _ | | | | |
|----------|---------------------------------|---|----------------------------|----------------|------------------------------|--------------------------------------|---|-------------------|---------------|--------------------------|------------------|
| | | | | | For | Debtor 1 | | | ebtor : | | |
| | Сор | y line 4 here | 4. | | \$_ | 2,147.71 | | \$ | iiiig 5 | N/A | |
| 5. | List | all payroll deductions: | | | | | | | | | |
| ٥. | 5a. | Tax, Medicare, and Social Security deductions | 5a | , | \$ | 398.30 | | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ - | 0.00 | | \$ | | N/A | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | <u>\$</u> - | 0.00 | | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d | | \$ - | 0.00 | | \$ | | N/A | _ |
| | 5e. | Insurance | 5e | | <u> </u> | 211.16 | | \$ | | N/A | _ |
| | 5f. | Domestic support obligations | 5f. | | \$ | 0.00 | | \$ | | N/A | _ |
| | 5g. | Union dues | 5g | J. | \$ | 0.00 | | \$ | | N/A | = |
| | 5h. | Other deductions. Specify: | 5h | | \$ | 0.00 | + | \$ | | N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | | \$ | 609.46 | | \$ | | N/A | _ |
| 7. | Calc | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 1,538.25 | | \$ | | N/A | _ |
| 8. | 8a. 8b. 8c. 8d. 8e. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. Interest and dividends Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security | 8a 8b 8c 8d 8e |). :. I. | \$ _ \$ _ \$ _ \$ _ | 0.00 0.00 0.00 0.00 0.00 | | \$ \$ \$ \$ | | N/A N/A N/A N/A | - - - |
| | 8f. 8g. 8h. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: | 8f. 8g 8h | J. | \$_ \$_ \$_ | 0.00 0.00 0.00 | + | \$ | | N/A N/A N/A | _ |
| | OII. | other monthly income. Specify. | _ 011 | i . | Ψ_ | 0.00 | T | Ψ | | IN/A | - ¬ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | | 0.00 | | \$ | | N/A | 4 |
| 10. | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | \$ | | 1,538.25 + \$ | | | N/A | = \$ | 1,538.25 |
| 11. | Inclu othe | e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your r friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not a cify: | depe | | | • | | | hedule 11. | | 0.00 |
| 12. | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | | | 12. | \$ | 1,538.25 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | | | Combi month | ned ly income |
| | | No. Yes Evnlain | | | | | | | | | |

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| EHIL | in this informa | ition to identify yo | our occo: | | | I | | | | | | | | |
|---|--|--|--------------------------------------|---|--|------------|-------------------|-------------------------------------|-------------------------------|-------|--|--|--|--|
| | | | | | | | | | | | | | | |
| Deb | Gwendolyn E Smith | | | | | | Check if this is: | | | | | | | |
| Deb | tor 2 | | | | | | | n amended filing supplement shov | ving postpetition chap | pter | | | | |
| (Spo | ouse, if filing) | | | | | | 1: | 3 expenses as of | the following date: | | | | | |
| United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | | | | | | | | MM / DD / YYYY | | | | | | |
| Cas | e number | | | | | | | | | | | | | |
| (lf kı | nown) | | | | | | | | | | | | | |
| Of | fficial Fo | rm 106J | | | | | | | | | | | | |
| Sc | chedule | J: Your | Exper | ises | | | | | | 12/15 | | | | |
| Be info | as complete a ormation. If m mber (if know | and accurate as nore space is ne n). Answer ever | possible eded, atta ry questio | If two married people ch another sheet to thi | | | | | | | | | | |
| Par 1. | t 1: Descr Is this a joir | ribe Your House | hold | | | | | | | | | | | |
| ١. | No. Go to | | | | | | | | | | | | | |
| | | o line 2. e s Debtor 2 live i | in a senar | ate household? | | | | | | | | | | |
| | _ 100: 200 | | a copa. | | | | | | | | | | | |
| | | | st file Offici | al Form 106J-2, Expense | es for Separate House | ehold of D | ebto | r 2. | | | | | | |
| 2. | | e dependents? | | . , | • | | | | | | | | | |
| ۷. | • | • | □ No | | | | | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | Yes. | Fill out this information for each dependent | Dependent's relating Debtor 1 or Debto | | _ | Dependent's age | Does dependent live with you? | | | | | |
| | Do not state | the | | | | | | | □ No | | | | | |
| | dependents | names. | | | Daughter | | | 22 | Yes | | | | | |
| | | | | | | | | | □ No | | | | | |
| | | | | | | | | | ☐ Yes | | | | | |
| | | | | | | | | | □ No □ Yes | | | | | |
| | | | | | | | | | □ res | | | | | |
| | | | | | | | | | ☐ Yes | | | | | |
| 3. | expenses o | penses include f people other t d your depende | han $_{\square}$ | No Yes | | | | | | | | | | |
| | | ate Your Ongoi | | | | | | | | | | | | |
| exp | | | | uptcy filing date unless y is filed. If this is a sul | | | | | | | | | | |
| | | | | government assistance cluded it on <i>Schedule I</i> : | | | | | | | | | | |
| (Off | ficial Form 10 |)6I.) | | | | | - | Your expe | enses | | | | | |
| 4. | | or home owners | | ses for your residence r lot. | Include first mortgag | | \$ | | 300.00 | | | | | |
| | If not include | led in line 4: | | | | | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. | \$ | | 0.00 | | | | | |
| | | rty, homeowner's | | | | 4b. | \$ | | 0.00 | | | | | |
| | | | | ıpkeep expenses | | 4c. | | | 0.00 | | | | | |
| 5. | | owner's associat | | dominium dues our residence, such as h | nome equity loops | 4d. | \$ \$ | | 0.00 0.00 | | | | | |
| J. | Additional | norigage paying | onto for yo | our residence, such as t | ionie equity idans | ე. | φ | | 0.00 | | | | | |

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| Debte | Gwendolyn E Smith C | ase num | ber (if known) | |
|-------|---|---------|--------------------|---------------------------|
| 6. | Jtilities: | | | |
| - | Sa. Electricity, heat, natural gas | 6a. | \$ | 0.00 |
| | 6b. Water, sewer, garbage collection | 6b. | | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6c. | | 250.00 |
| | 6d. Other. Specify: | 6d. | · · | 0.00 |
| | Food and housekeeping supplies | - 7. | · | 300.00 |
| | Childcare and children's education costs | 8. | \$ | 0.00 |
| | | 9. | · | |
| | Clothing, laundry, and dry cleaning | | · | 10.00 |
| | Personal care products and services | 10. | | 10.00 |
| | Medical and dental expenses | 11. | a | 10.00 |
| | Fransportation. Include gas, maintenance, bus or train fare. | 12. | \$ | 100.00 |
| | Do not include car payments. Entertainment, clubs, recreation, newspapers, magazines, and books | 13. | · | 25.00 |
| | Charitable contributions and religious donations | 14. | · - | |
| | - | 14. | Φ | 0.00 |
| | nsurance. Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | · | 0.00 |
| | 15c. Vehicle insurance | 15c. | | 130.00 |
| | 15d. Other insurance. Specify: | 15d. | · · | |
| | Faxes. Do not include taxes deducted from your pay or included in lines 4 or 20. | _ 150. | φ | 0.00 |
| | laxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: | 16. | \$ | 0.00 |
| | nstallment or lease payments: | 10. | Ψ | 0.00 |
| | 17a. Car payments for Vehicle 1 | 17a. | \$ | 396.00 |
| | 17b. Car payments for Vehicle 2 | 17b. | · · | 0.00 |
| | 176. Other. Specify: | 17b. | · | |
| | | _ | * | 0.00 |
| | 17d. Other. Specify: | 17d. | Φ | 0.00 |
| | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | 18. | \$ | 0.00 |
| | Other payments you make to support others who do not live with you. | | \$ | 0.00 |
| | Specify: | 19. | Ψ | 0.00 |
| | Other real property expenses not included in lines 4 or 5 of this form or on <i>Schedu</i> | | our Income | |
| | 20a. Mortgages on other property | 20a. | | 0.00 |
| | 20b. Real estate taxes | 20b. | | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | 20c. | · | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | 20d. | · | 0.00 |
| | | | · <u> </u> | |
| | 20e. Homeowner's association or condominium dues | 20e. | | 0.00 |
| ۱. | Other: Specify: | 21. | +\$ | 0.00 |
| 2. | Calculate your monthly expenses | | | |
| | 22a. Add lines 4 through 21. | | \$ | 1,531.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | -, |
| | 22c. Add line 22a and 22b. The result is your monthly expenses. | | \$ | 1,531.00 |
| | .20. Add the 22a and 22b. The result is your monthly expenses. | | Ψ | 1,531.00 |
| 3. | Calculate your monthly net income. | | | |
| | 23a. Copy line 12 (your combined monthly income) from Schedule I. | 23a. | \$ | 1,538.25 |
| | 23b. Copy your monthly expenses from line 22c above. | 23b. | -\$ | 1,531.00 |
| | | | | ,:: |
| | 23c. Subtract your monthly expenses from your monthly income. | _ | | |
| | The result is your monthly net income. | 23c. | \$ | 7.25 |
| | | | | |
| | Do you expect an increase or decrease in your expenses within the year after you | | | |
| | For example, do you expect to finish paying for your car loan within the year or do you expect your m nodification to the terms of your mortgage? | ortgage | payment to increas | se or decrease because of |
| | _ | | | |
| | No. | | | |
| | ☐ Yes Explain here: | | | |

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| Fill in th | nis informa | ation to identify your | case: | | | | |
|-------------|---|--|--------------------------|---------------|------------------|---------------------------------------|--|
| Debtor ' | 1 | Gwendolyn E Sm | ith | | | | |
| | • | First Name | Middle Name | Last | Name | | |
| Debtor 2 | 2 | | | | | | |
| (Spouse if, | , filing) | First Name | Middle Name | Last | Name | _ | |
| United S | States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | 3 | | |
| Case nu | umber | | | | | | |
| (if known) | | | | | | | ☐ Check if this is an |
| | | | | | | | amended filing |
| If two man | arried peo st file this g money o | ple are filing together form whenever you fi or property by fraud ir | connection with a bank | nsible for su | ipplying correct | ct information. Naking a false sta | atement, concealing property, or 000, or imprisonment for up to 20 |
| years, o | r both. 18 | U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | | | |
| | Sign | Below | | | | | |
| Dio | d you pay | or agree to pay some | one who is NOT an attor | rney to help | you fill out bar | nkruptcy forms? | |
| - | No | | | | | | |
| | | | | | | | ankruptcy Petition Preparer's Notice, |
| | | | | | | Declaration | on, and Signature (Official Form 119) |
| | | y of perjury, I declare true and correct. | that I have read the sum | ımary and so | hedules filed v | with this declara | tion and |
| Х | /s/ Gwer | ndolyn E Smith | | Х | | | |
| | | olyn E Smith | | | Signature of De | ebtor 2 | |
| | | of Debtor 1 | | | | | |
| | Date Se | eptember 29, 2017 | | | Date | | |

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| Fill | in this inforr | nation to identify you | r case: | | | |
|--------------------|-------------------|----------------------------------|---|---|--|---|
| Deb | otor 1 | Gwendolyn E Sr | | | | |
| Dah | otor 2 | First Name | Middle Name | Last Name | | |
| | use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Cas | se number | | | | | |
| (if kn | own) | | | | | Check if this is an amended filing |
| ۰. | – | | | | | |
| | ficial Fo | | Affaira far Iralisi | alvala Filipa f | ar Dankerratar | ••• |
| | | | Affairs for Indivi | | | 4/16 |
| info | rmation. If m | ore space is needed, | attach a separate sheet to | | th are equally responsible of any additional pages, v | |
| num | ber (if know | n). Answer every que | stion. | | | |
| Par | t 1: Give I | Details About Your Ma | rital Status and Where Yo | u Lived Before | | |
| 1. | What is you | r current marital statu | ıs? | | | |
| | ☐ Married | | | | | |
| | ■ Not ma | rried | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ N. | | | | | |
| | ■ No □ Yes. Lis | st all of the places you l | ived in the last 3 years. Do | not include where you liv | ve now. | |
| | | rior Address: | , | ŕ | | Dates Dahter 2 |
| | Deptor 1 Pi | ior Address: | Dates Debtor flived there | Deptor 2 Pr | ior Address: | Dates Debtor 2 lived there |
| 3. state | | | | | mmunity property state or erto Rico, Texas, Washingto | territory? (Community property on and Wisconsin.) |
| | ■ No | | | | | |
| | _ | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (0 | Official Form 106H). | | |
| Par | t 2 Evola | in the Sources of You | r Incomo | | | |
| гаі | СХРІА | in the Sources of Tou | i ilicollie | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operati u received from all jobs and have income that you recei | all businesses, includin | · . | us calendar years? |
| | □ No | | | | | |
| | Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions exclusions) | Sources of incom | |
| | | of current year until | ■ Wages, commissions, | \$16,809 | 9.34 | , |
| | - | | bonuses, tips | | ☐ Operating a bus | iness |
| | | | ☐ Operating a business | | - Operating a bus | 11000 |

Official Form 107

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| | | | | Debtor 1 | | Debtor 2 | | |
|-----|--------------------------|---|----------------------------------|--|--|------------------------------------|-----------|---|
| | | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of inco | | Gross income (before deductions and exclusions) |
| | | ndar year: December | 31, 2016) | ■ Wages, commissions, bonuses, tips | \$20,966.40 | ☐ Wages, common bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | | ndar year be December | | ■ Wages, commissions, bonuses, tips | \$21,866.00 | ☐ Wages, common bonuses, tips | nissions, | |
| | | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | winnings. List each No | If you are fi | ling a joint ca | pensions; rental income; inter se and you have income that y ome from each source separa | ou received together, list it | only once under De | btor 1. | nd gambling and lottery |
| | | | | Debtor 1 | | Debtor 2 | | |
| | | | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of inco Describe below. | | Gross income (before deductions and exclusions) |
| Pai | rt 3: Lis | t Certain Pa | ayments You | Made Before You Filed for | Bankruptcy | | | |
| 3. | Are either No. | Neither D individual | ebtor 1 nor I primarily for a | P's debts primarily consumer Debtor 2 has primarily consumate personal, family, or househol | imer debts. Consumer del d purpose." | | | 01(8) as "incurred by an |
| | | During the No. | 90 days beto Go to line | ore you filed for bankruptcy, di 7. | d you pay any creditor a to | tal of \$6,425° or mor | e? | |
| | | ☐ Yes | paid that c | each creditor to whom you pai reditor. Do not include paymer payments to an attorney for the | its for domestic support obl | | | |
| | | * Subject | to adjustmer | nt on 4/01/19 and every 3 years | s after that for cases filed o | n or after the date of | adjustmen | t. |
| | ■ Yes | | | or both have primarily consure you filed for bankruptcy, di | | tal of \$600 or more? | | |
| | | □ No. | Go to line | | | | | |
| | | ■ Yes | include pay | each creditor to whom you pai yments for domestic support of r this bankruptcy case. | | | | |
| | Credito | 's Name an | d Address | Dates of payme | nt Total amount | Amount you still owe | Was this | payment for |
| | Po Box | nancial ankruptcy 380901 ngton, MN | | 7/2017-9/2017 | • | \$21,026.00 | | Card Repayment ers or vendors |

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Case number (if known) Document Debtor 1 Gwendolyn E Smith

| 7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corpo of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider. | | | al partner; corporations agent, including one for | | | |
|---|--|-----------------------------|--|----------------------|--------------------|-----------------------|
| | Insider's Name and Address | Dates of payment | Total amount | Amount you still owe | Reason for | this payment |
| 8. | Within 1 year before you filed for bankrupt insider? Include payments on debts guaranteed or cos | | paid vments or transfer a | | ccount of a d | ebt that benefited an |
| | NoYes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for | this payment |
| Dar | A Identify Land Actions Department | no and Fareslessins | paid | | 111010000 | mor o riamo |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes. No | | | | | |
| | ☐ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | ne case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, t | oreclosed, garnis | hed, attached | d, seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happened | d | | | |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No ☐ Yes. Fill in the details. | | luding a bank or fi | nancial institution | , set off any a | amounts from your |
| | Creditor Name and Address | Describe the action the | e creditor took | Date taken | action was | Amount |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | efit of creditors, a | | |
| | ■ No □ Yes | | | | | |
| Par | Part 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankrup No | otcy, did you give any gift | s with a total value | of more than \$60 | 0 per person | ? |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Case 17-29205 Doc 1 Filed 09/29/17 Entered 09/29/17 12:03:40 Desc Main Document Page 40 of 58 Debtor 1 Gwendolyn E Smith Case number (if known) 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Nο Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Value of property Describe the property you lost and Describe any insurance coverage for the loss Date of your how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of **Address** transferred or transfer was payment Email or website address made Person Who Made the Payment, if Not You **Attorney Fees Upright Law LLC** 8/2017-9/2017 \$1,675.00 **79 West Monroe** Fifith Floor Chicago, IL 60603 dgallagher@uprightlaw.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement. Yes. Fill in the details.

Person Who Received Transfer

Describe any property or

paid in exchange

payments received or debts

Description and value of

property transferred

Address

Date transfer was

made

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Case number (if known)

Gwendolyn E Smith Debtor 1

| 19. | Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | |
|--|--|---|--------------------------------------|----------------------|---|---|
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | 8: List of Certain Financial Accounts, Inc. | struments, Safe Deposi | t Boxes, and St | orage Units | 5 | |
| 20. | Within 1 year before you filed for bankrupto sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assor No Yes. Fill in the details. | or other financial accou | nts; certificates | of deposit | | |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of according trument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for cash, or other valuables? | | | | tory for securities, | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe t | he contents | Do you still have it? |
| 22. | Have you stored property in a storage unit o | or place other than your | home within 1 | year before | e you filed for bankrupto | y? |
| | NoYes. Fill in the details. | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | Address (Number, Street, City, | | he contents | Do you still have it? |
| Par | 9: Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | 23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | (Number, Street, City, State and ZIP | | he property | Value |
| Par | 10: Give Details About Environmental Info | ormation | | | | |
| For | For the purpose of Part 10, the following definitions apply: | | | | | |

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

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Debtor 1 Gwendolyn E Smith

| 24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law? No | | | | | | | |
|--|--|--|-------------------------------------|--------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of ar | ny release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. | | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | lature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Co | onnections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy | , did you own a business or have any | of the following connections to any | y business? | | | |
| | ☐ A sole proprietor or self-employed in a | a trade, profession, or other activity, e | ther full-time or part-time | | | | |
| | ☐ A member of a limited liability compar | ny (LLC) or limited liability partnership | (LLP) | | | | |
| | ☐ A partner in a partnership | | | | | | |
| | ☐ An officer, director, or managing exec | utive of a corporation | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | |
| | ■ No. None of the above applies. Go to Par | rt 12. | | | | | |
| | Yes. Check all that apply above and fill in | the details below for each business. | | | | | |
| | | Describe the nature of the business | Employer Identification number | | | | |
| | Address (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Name of accountant or bookkeeper Dates business existed | | | | | | |
| 28. | Within 2 years before you filed for bankruptcy institutions, creditors, or other parties. | , did you give a financial statement to | anyone about your business? Incl | ude all financial | | | |
| | ■ No □ Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | |
| | | | | | | | |

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Debtor 1 Gwendolyn E Smith

| | Part 12: | Sign | Below |
|--|----------|------|-------|
|--|----------|------|-------|

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection

| | with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. | | | | | | |
|--------|---|---|--|--|--|--|--|
| /s/ Gv | /s/ Gwendolyn E Smith | | | | | | |
| | ndolyn E Smith ture of Debtor 1 | Signature of Debtor 2 | | | | | |
| Date | September 29, 2017 | Date | | | | | |
| Did yo | u attach additional pages to Your Sta | ntement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | |
| ■ No | | | | | | | |
| ☐ Yes | | | | | | | |
| Did yo | u pay or agree to pay someone who i | s not an attorney to help you fill out bankruptcy forms? | | | | | |
| ■ No | | | | | | | |
| ☐ Yes | Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |

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| Document Page 44 of 58 | | | | | | |
|---|--|--------------------|---|---|--|--|
| Fill in this inform | nation to identify your c | ase: | | | | |
| Debtor 1 | Gwendolyn E Smi | th Middle Name | Last Name | | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| | nkruptcy Court for the: | | RICT OF ILLINOIS | | | |
| Case number (if known) Check if this is an amended filing | | | | | | |
| | Official Form 108 Statement of Intention for Individuals Filing Under Chapter 7 12/15 | | | | | |
| | If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or | | | | | |
| you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form | | | | | | |
| If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form. | | | | | | |
| Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). | | | | | | |
| Part 1: List Yo | our Creditors Who Have | Secured Claims | | | | |
| 1. For any credite | • | rt 1 of Schedule D | Creditors Who Have Claims Secured by Property | (Official Form 106D), fill in the | | |
| Identify the cre | editor and the property th | at is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C? | | |

| information below. | | |
|---|--|--|
| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the propert as exempt on Schedule C |
| | | |
| Creditor's Ally Financial | ☐ Surrender the property. | □ No |
| name: | Retain the property and redeem it. | _ |
| Description of 2014 Buick Encore 60.000 miles | Retain the property and enter into a Reaffirmation Agreement. | ■ Yes |
| property Value According to KBB | Retain the property and [explain]: | |
| securing debt: | Retain and pay pursuant to contract | |
| Creditor's Credit Acceptance | ■ Surrender the property. | ■ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of 2015 Chrysler 200 80,000 miles | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property Value According to KBB | ☐ Retain the property and [explain]: | |
| securing debt: Daughter's Car | | |
| | | |

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

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| Debto | r 1 _ | Gwendolyn E Smith | Case number (if known) |
|-----------------|---|--|---|
| | | | |
| Lesso | | | □ No |
| Prope | | of leased | ☐ Yes |
| Lesso | | me: of leased | □ No |
| Prope | | or leased | ☐ Yes |
| Lesso | | | □ No |
| Prope | | of leased | ☐ Yes |
| Lesso | | | □ No |
| Prope | | of leased | ☐ Yes |
| Lesso | | | □ No |
| Prope | | of leased | ☐ Yes |
| Lesso | | | □ No |
| Prope | | of leased | ☐ Yes |
| Lesso | | me: of leased | □ No |
| Prope | | or leased | ☐ Yes |
| Part 3 | : s | ign Below | |
| Under proper | pena | Ity of perjury, I declare that I have indicated at is subject to an unexpired lease. | ny intention about any property of my estate that secures a debt and any personal |
| _ | | vendolyn E Smith | X |
| (| Gwendolyn E Smith Signature of Debtor 1 | | Signature of Debtor 2 |
| | Date | September 29, 2017 | Date |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | | Liquidation | |
|------------|--------|--------------------|--|
| | \$245 | filing fee | |
| | \$75 | administrative fee | |
| | + \$15 | trustee surcharge | |
| | \$335 | total fee | |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-29205 Doc 1 Filed 09/29/17 Entered 09/29/17 12:03:40 Desc Main Page 50 of 58 Document

B2030 (Form 2030) (12/15)

1

2

3.

4

5

6

United States Bankruptcy Court Northern District of Illinois

| In 1 | re Gwendolyn E Smith | | Case No | | |
|------|--|----------------------------|---------------------|-----------------------|-----------------|
| | | Debtor(s) | Chapter | 7 | |
| | DISCLOSURE OF COMPENSAT | TION OF ATTOR | RNEY FOR D | EBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I compensation paid to me within one year before the filing of the be rendered on behalf of the debtor(s) in contemplation of or in | e petition in bankruptcy, | or agreed to be pai | d to me, for services | |
| | For legal services, I have agreed to accept | | | 1,675.00 | |
| | Prior to the filing of this statement I have received | | | 1,675.00 | |
| | Balance Due | | \$ | 0.00 | |
| | \$335.00 of the filing fee has been paid. | | | | |
| | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| | ■ I have not agreed to share the above-disclosed compensation | n with any other person | unless they are me | mbers and associates | of my law firm. |
| | ☐ I have agreed to share the above-disclosed compensation w copy of the agreement, together with a list of the names of the same of the copy of the agreement. | | | | law firm. A |
| | In return for the above-disclosed fee, I have agreed to render le | gal service for all aspect | s of the bankruptcy | case, including: | |
| | a. Analysis of the debtor's financial situation, and rendering ad b. Preparation and filing of any petition, schedules, statement of c. Representation of the debtor at the meeting of creditors and d. Other provisions as needed! | of affairs and plan which | may be required; | • | ıkruptcy; |

All services not specifically excluded by 7 below to reasonably achieve the debtor's objectives.

- 7.
 - By agreement with the debtor(s), the above-disclosed fee does not include the following service: (a) discharge proceedings, including those related to student loans, taxes or undue hardships; (b) motions for relief from, or continuation, defense or enforcement of the Automatic Stay (hourly); (c) motions to redeem personal property (\$600.00); (d) rule 2004 examinations (hourly); (e) motions to avoid liens/judgments (\$500.00); (f) contested matters or adversary proceedings (hourly); (g) contested matters regarding Client's claim of exempt property (hourly); (h) Amend any list, schedule, statement, and/or other document required to be filed with the petition as may be necessary or appropriate based on any omission by Client (hourly); (i) motions to continue the 341 meeting of creditors and/or appearing for a continued 341 hearing due to Client's failure to appear (\$150.00); (j) motions or adversary complaints to abandon/refinance/sell/purchase property (hourly); (k) assisting in carrying out the Debtor's Statement of Intentions (hourly); (I) monitoring an "asset case" (hourly); (m) re-opening a bankruptcy case to submit post-filing proof of pre-discharge counseling (\$355); (n) if permitted by local rule, each reaffirmation agreement review, negotiation, execution, appearance at reaf hearings (\$150); (o) issues that arise that are not specifically listed in the Agreement (hourly). Hourly rates billed at \$395.00 per hour for attorney time and \$125/hour for paraprofessional time billed in 6-minute minimum increments, however, the Firm will be entitled to contingency fee of 25% of garnishment/wage assignment recovery. Consumer Protection Violation Prosecution billed at a multiple of Firm's usual hourly rates, times the actual hours expended on this matter, or; b) \$1750 of the first \$2000 in total Recovery, plus 20% of the next \$3000 of Recovery, plus 30% of the next \$5000 of Recovery, plus 40% of the next \$15,000 of Recovery, plus 50% of the Recovery in excess of \$25,000, or; c) in the event Firm successfully pursues an FDCPA or TCPA claim, Client shall receive no less than \$250. If Firm loses a lawsuit brought on Client's behalf, then Client will not be obligated to pay a fee or costs.

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| In re Gwendolyn E Smith | | Case No. | |
|-------------------------|-----------|----------|--|
| | Debtor(s) | | |

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

(Continuation Sheet)

| (Continuation Sheet) | | | |
|--|--|--|--|
| CERTIFICATION | | | |
| I certify that the foregoing is a complete statementhis bankruptcy proceeding. | t of any agreement or arrangement for payment to me for representation of the debtor(s) in | | |
| September 29, 2017 | /s/ David Gallagher | | |
| Date | David Gallagher | | |
| | Signature of Attorney | | |
| | Upright Law LLC | | |
| | 79 West Monroe | | |
| | Fifith Floor | | |
| | Chicago, IL 60603 | | |
| | 312-546-4264 Fax: 844-402-1128 | | |
| | dgallagher@uprightlaw.com | | |
| | Name of law firm | | |

ATTORNEY-CLIENT LEGAL SERVICES AGREEMENT FOR CHAPTER 7 BANKRUPTCY

This Agreement is executed between Upright Law LLC ("Firm") and the undersigned ("Client"). The undersigned Partner of Firm has authorized Firm to affix Partner's digital signature upon this Agreement ("Agreement"). Agreement is subject to Partner's further review and approval after consultation with Client. Agreement contemplates bankruptcy related services ("Services") ONLY and no other representation. The Partner will review this Agreement with Client, including which chapter of bankruptcy Client is eligible for.

- 1. Type of Bankruptcy Representation and Scope of Services. Client hires Firm (and not any specific attorney) to provide Services. Firm will immediately begin providing Services and accrue billable time. Services include all representation to complete Client's legal matter, except Agreement does not include representation in any objection to discharge, adversary proceeding or any heavily contested matter or Services that could not have been contemplated after reasonable diligence by Firm when this Agreement was signed ("Additional Services"). Firm requires upfront payment for Additional Services, which are billed at \$395.00 per hour for attorney time (or the highest hourly rate permitted in Client's jurisdiction) and \$125.00 per hour for paraprofessional time billed in sixminute increments.
- 2. Type of Fee ("Fee"). Client hires Firm under a "FLAT FEE" Agreement whereby Firm agrees to provide Services for a fixed amount of \$ 1675.00 , plus the Bankruptcy Court filing fee of \$ 335.00 for a total Flat Fee of \$ 2010.00 ("Total Flat Fee"). Because this is a flat fee representation, Firm will not provide a monthly accounting. Fee is earned when paid and immediately becomes property of Firm. Fees will be placed into Firm's general expense/operating account and NOT into any Firm IOLTA client trust fund account. Client has sixty days from Client's final payment of Fees to turn in all requested documents or, if Firm has to spend additional time collecting documents due to Client's unreasonable delay, Client may be charged an additional Flat Fee of \$375.00, and any amounts on deposit with Firm to pay filing fees or other costs will be applied toward that \$375.00 Fee. No Chapter 7 petition will be filed until all Fees and costs are paid in full and Client provides all documents. The Flat Fee may increase if Client gives inaccurate information during the course of Firm's representation.
- 3. Payment Term and Authorization. Client may only use a debit card, but not a credit card to pay for Services. Client, who lives in zip code 60609 , is a duly authorized signor on the account ending in 9796 , expiring 1221 . Firm is authorized to charge account ending in 9796 , the Total Flat Fee of \$ 2010.00 , by single/recurring debits. Client authorizes Firm to adjust debits as necessary to fully pay the Total Flat Fee. Client may cancel future payments only by written notice at least five days in advance. This authorization is effective until Client has paid the Total Flat Fee or has cancelled the authorization. Firm's authority to deduct funds from Client's account ceases upon payment in full of Total Flat Fee, and under no circumstances may the firm deduct funds from the client's account after the case has been filed. Firm is not responsible for damages/costs/fees related to authorized payments. Client will be charged \$25.00 for each bounced payment.

- **4. Virtual Representation.** Firm represents Client primarily through means of telephonic and online communication via email, phone or computer-based virtual meeting room, and not face-to-face at a physical office. Client has elected to use Firm, in part, because Client finds this service to be more efficient and convenient. Client has the right to meet with Partner in person at a mutually agreeable time and location.
- **5. Refund Policy.** If Client cancels, Client will be charged for all Services up to the date of cancellation. Firm will provide an accounting along with any unearned portion of the Fee.
- **6. Debtor's Obligations to Pay Credit Counseling/Debtor Education.** In addition to the Flat Fee, Client is obligated to obtain/pay for: (a) Pre-filing credit counseling and (b) post-filing debtor education instructional course.
- 7. Limited Power of Attorney. Client agrees that the signature on this contract also grants Firm a limited power of attorney to affix its signature to any authorization forms required to (a) obtain tax information from any third party tax preparer, accountant, state or federal taxing authorities or any other party in possession of any type of tax information/returns related to Client, including, but not limited to copies of Client's tax returns and/or transcripts, and (b) obtain due diligence products from third parties including, but not limited to, real estate appraisals and/or comparative market analyses, title searches, asset searches, personal property valuations, and credit reports.
- 8. I/WE UNDERSTAND THAT THE INFORMATION DISCLOSED IN THE PETITION IS GIVEN UNDER PENALTY OF PERJURY AND THAT THE FEDERAL PENALTY FOR PERJURY MAY INCLUDE IMPRISONMENT AND HEAVY FINES.

| DATED: | 2017-08-23 | _ |
|--------|------------|---|
| | | |

CLIENT(S): FIRM: Upright Law LLC

A Debt Relief Agency

Client: Gwendolyn Smith For Firm: /s/ Dave Gallagher

United States Bankruptcy CourtNorthern District of Illinois

| | | Not that it District of Initiols | | |
|-------|--|---|----------------|---------------------------|
| In re | Gwendolyn E Smith | | Case No. | |
| | 7 | Debtor(s) | Chapter | 7 |
| | VE | CRIFICATION OF CREDITOR MA | TRIX | |
| | | Number of C | reditors: | 30 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of creditor | rs is true and | correct to the best of my |
| Date: | September 29, 2017 | /s/ Gwendolyn E Smith Gwendolyn E Smith Signature of Debtor | | |

Ally Financial Attn: Bankruptcy Po Box 380901 Bloomington, MN 55438

Capital One Attn: Bankruptcy Po Box 30253 Salt Lake City, UT 84130

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Capital One / Carson Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Attn: Correspondence Dept Po Box 15298 Wilmington, DE 19850

Comenity Bank/Arizona Mail Order Po Box 182125 Columbus, OH 43218

Comenity Bank/Ashley Stewart Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/Avenue Po Box 182125 Columbus, OH 43218

Comenity Bank/Carsons Po Box 182125 Columbus, OH 43218

Comenity Bank/cathrins 4590 E Broad St Columbus, OH 43213

Comenity Bank/Lane Bryant Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/OneStopPlus.com Po Box 182125 Columbus, OH 43218

Comenity Bank/Roamans Attn: Bankruptcy Po Box 182125 Columbus, OH 43218

Comenity Bank/womnwt Po Box 182789 Columbus, OH 43218

Comenity Bank/womnwthn 4590 E Broad St Columbus, OH 43213

Comenity Capital/overst Comenity Bank Po Box 182125 Columbus, OH 43218

Credit Acceptance 25505 West 12 Mile Rd Suite 3000 Southfield, MI 48034

Credit First National Assoc Attn: BK Credit Operations Po Box 81315 Cleveland, OH 44181

Fingerhut 6250 Ridgewood Rd St Cloud, MN 56303

PNC Bank Credit Card Po Box 5570 Mailstop BR- YB58-01-5 Cleveland, OH 44101 Syncb/hhgreg Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/ JC Penneys Po Box 965007 Orlando, FL 32896

Synchrony Bank/Care Credit Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/PayPal Cr Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Synchrony Bank/TJX Attn: Bankruptcy Po Box 965060 Orlando, FL 32896

Target C/O Financial & Retail Srvs Mailstopn BT POB 9475 Minneapolis, MN 55440

Visa Dept Store National Bank/Macy's Attn: Bankruptcy Po Box 8053 Mason, OH 45040

Webbank/Gettington 215 S State St Ste 1000 Salt Lake City, UT 84111

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Wells Fargo Dealer Services Attn: Bankruptcy Po Box 19657 Irvine, CA 92623